FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000030052** 1. Entity Name FREESOFT PROMOTIONS, INC. 9-13-2000 90024 045 ***550.00 Mailing Address Principal Place of Business 222 LAKEVIEW AVENUE 222 LAKEVIEW AVENUE SUITE 260 SUITE 260 A0077506 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-099 2320 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired _ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOEPPEL, JOEL P Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH FL 33401 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change ☐ Delete TITLE TITLE KOEPPEL, JOEL P NAME NAME STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVENUE SUITE 260 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Defete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ctty-St-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

P. KORAPEL